[](http://www.npaihb.org/)

**INTERNSHIP/VOLUNTEER OPPORTUNITIES**

The Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving the 43 Tribes of Washington, Oregon, and Idaho. The Board represents tribal interests in state and national decision-making, facilitates health-related capacity development, and provides prevention and education technical assistance to the Tribes.

We are seeking qualified **American Indian** students in a Public Health (or related field) Master’s or Doctorate program to pursue an internship with the ***Northwest Epidemiology Center***. The mission of the EpiCenter is to collaborate with the Northwest Tribes to provide health-related research, surveillance, and training to improve the quality of the life of American Indians and Alaskan Natives (AI/AN).

**Internship/Volunteer Training**

Interns and volunteers are trained by NPAIHB staff on study design, human subjects’ protection, and intervention development, among other things. They are involved in a wide range of tasks, including determining the effectiveness of protocols and therapies, coding, sorting records, observing, describing projects, analyzing data, and preparing case reports. The internship position is a highly independent, self-motivated position with responsibility for participation in the overall study analysis of key quantitative and qualitative data used for community intervention development.

**Qualifications**

We give preference to qualified AI/AN students enrolled in a master or doctorate level program, who are highly organized, professional, reliable, hard-working, and self-motivated. Non-Indian and undergraduate students will also be considered.

**How to Apply**

Fill out an “Application forInternship or Volunteer Position” form and submit it to the Human Resources Coordinator. Some intern positions are paid, and some are not. All are available for practicum credit with the intern’s respective university department.

***If interested, please fill out the attached application and fax, email, or bring it to the Human Resources Manager at NPAIHB.***

[](http://www.npaihb.org/)

**2121 SW Broadway, Suite 300 – Portland, Oregon 97201**

**Office: (503) 228-4185 Fax: (503) 228-8182**

**APPLICATION FOR INTERNSHIP OR VOLUNTEER POSITION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for: \_\_\_ Unpaid Internship \_\_\_ Paid Internship \_\_\_ Volunteer \_\_\_ Either

This Internship will be considered: \_\_\_ For Credit \_\_\_ Not for Credit

Dates Available: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: NPAIHB does not provide funds for travel and/or lodging, other than what is required for business purposes.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **College or University** | **From** | **To** | **Credits earned** | **Major/minor** | **Degree earned** | **Year** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PLEASE EXPLAIN YOUR PARTICULAR AREA OF INTEREST OR STUDY, AND WHY YOU SHOULD BE CONSIDERED FOR AN INTERNSHIP WITH NPAIHB.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES:** Please list 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Please ensure that telephone numbers are current.

**Name Phone Number Occupation**

**1.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.**

**APPLICATION FOR INTERNSHIP**

**Qualification for Indian Preference**: The following information is required if you request consideration under the Indian Preference Act. **Verification of your tribal enrollment, or documents that show you are a descendant of an enrolled tribal member, must accompany this application.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TRIBE RESERVATION

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Enrollment number or name of enrolled tribal member of whom you are a descendant

**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD**

**YOU MUST SIGN AND DATE THIS APPLICATION**. Read the following carefully before you sign:

1. A false statement on any part of this application may be grounds for not considering me for internship, or releasing me after I begin my internship or volunteer position.
2. In consideration of NPAIHB’s review of my application for internship, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to internship or volunteer considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB by all persons and sources of information and their agents relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
3. I certify that, to the best of my knowledge and belief, all of my statements contained in my internship/volunteer application and any attached documentation are true, correct, complete and made in good faith.

SIGNATURE DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, physical or mental handicap, marital status, sexual orientation, politics, membership or non-membership in an employee organization.

**Please submit your completed form to: Andra Wagner, PHR**

**Human Resources Manager**

**Northwest Portland Area Indian Health Board**

**2121 SW Broadway, Suite 300**

**Portland, OR 97201**

**Or FAX to: 503-228-8182**

**Or e-mail to: awagner@npaihb.org**